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## BIB DATA SHEET

CONFIRMATION NO. 9502

<b>SERIAL NUMBER</b> 10/516,344	<b>FILING or 371(c) DATE</b> 11/21/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 4173	<b>ATTORNEY DOCKET NO.</b> LeA 36165		
<b>APPLICANTS</b> Dirk Mertin, Langenfeld, GERMANY; Markus Edingloh, Leverkusen, GERMANY; Gert Daube, Engelskirchen, GERMANY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/05228 05/19/2003 <b>** FOREIGN APPLICATIONS *****</b> GERMANY 102 24 086.8 05/31/2002 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /PAUL W Acknowledged DICKINSON/ Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> BAYER HEALTHCARE LLC P.O.BOX 390 SHAWNEE MISSION, KS 66201 UNITED STATES						
<b>TITLE</b> Pharmaceutical preparations for oral administration, containing ion-exchange resins loaded with active ingredients and intrinsically viscous gelling agents as thickening agents						
<b>FILING FEE RECEIVED</b> 1080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		